SHARP FACTS

Pregnancy and Sexually Transmitted Diseases

Introduction

Women who are pregnant can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any protection against STDs. In fact, the consequences of an STD can be significantly more serious--even life threatening--for a woman and her baby if the woman becomes infected with an STD while she is pregnant. As the list of diseases known to be sexually transmitted continues to grow, it is increasingly important that women be aware of the harmful effects of these diseases and know how to protect themselves and their children against infection.

How can STDs affect a woman during pregnancy?

STDs can have many of the same consequences for pregnant women as for women who are not pregnant. STDs can cause cervical and other cancers, chronic hepatitis, cirrhosis, and other complications. Many STDs are silent--or present without symptoms--in women. Additional consequences pregnant women may suffer from STDs include early onset of labor, premature rupture of the membranes surrounding the baby in the uterus, and uterine infection after delivery.

How can a pregnant woman's baby become infected?

STDs can be transmitted from a pregnant woman to the fetus, newborn, or infant before, during, or after birth. Some STDs (like syphilis) cross the placenta and infect the fetus during its development. Other STDs (like gonorrhea, chlamydia, hepatitis B, and genital herpes) are transmitted from the mother to the infant as the infant passes through the birth canal. HIV infection can cross the placenta during pregnancy, infect the newborn during the birth process, and, infect an infant as a result of breast-feeding.

How can STDs affect the fetus or newborn?

Harmful effects on the baby may include stillbirth, low birth weight, conjunctivitis (eye infection), pneumonia, neonatal sepsis (infection in the blood stream), neurologic damage (such as brain damage or motor disorder), congenital abnormalities (including blindness, deafness, or other organ damage), acute hepatitis, meningitis, chronic liver disease, and cirrhosis. Some of these consequences may be apparent at birth; others may not be detected until months or even years later.

How common are STDs among pregnant women in the U.S.?

Some STDs, such as genital herpes and bacterial vaginosis, are quite common among pregnant women in this country. Other STDs, notably HIV and syphilis, are much less common in pregnant women. The table below shows the estimated number of pregnant women in the U.S., per year with specific STDs.

Bacterial vaginosis	800,000
Herpes simplex	800,000
Chlamydia	200,000
Trichomoniasis	80,000
Gonorrhea	40,000
Hepatitis B	40,000
HIV	8,000
Syphilis	8,000

SHARP FACTS
Pregnancy and Sexually Transmitted Diseases

Should pregnant women be tested for STDs?
STDs affect women of every socioeconomic and educational level, age, race, ethnicity, and religion. The CDC STD Treatment Guidelines (1998) recommend that pregnant women be screened for the following STDs: Syphilis, Hepatitis B, Gonorrhea, Chlamydia, and HIV

Pregnant women should request these tests specifically because some doctors do not routinely perform them. New and increasingly accurate tests continue to become available. Even if a woman has been tested in the past, she should be tested again when she becomes pregnant.

Can STDs be treated during pregnancy?
Bacterial STDs (like chlamydia, gonorrhea, and syphilis) can be treated and cured with antibiotics during pregnancy. There is no cure for viral STDs such as genital herpes and HIV, but antiviral medication for herpes and HIV may reduce symptoms in the pregnant woman. In addition, the risk of passing HIV infection from mother to baby is dramatically reduced by treatment. For women who have active genital herpes lesions at the time of delivery, a cesarean section may be performed to protect the newborn against infection.

How can pregnant women protect themselves against infection?
Although a woman may be monogamous during her pregnancy, she can remain at risk of STDs if her partner is not monogamous. For this reason, she may want to consider consistent and correct use of latex condoms for every act of intercourse. Condoms can be expected to provide different levels of risk reduction for different STDs. There is no one definitive study about condom effectiveness for all STDs. Several studies have demonstrated that condoms can reduce the risk of acquiring chlamydia, gonorrhea, trichomoniasis, syphilis, chancroid and herpes. However, because not all studies have demonstrated protective effects, the body of evidence is considered inconclusive. In addition, definitive data are lacking regarding the degree of risk reduction that latex condoms provide in preventing transmission of genital Humanpapilloma Virus. It is important to note that the lack of data about the level of condom effectiveness indicates that more research is needed – not that latex condoms don't work. The correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting HIV infection. Protection is critical throughout a woman's pregnancy, including the last trimester when active infection can present a great threat to the health of a woman and her baby.

Where can I get more information?
Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease or if you think you are pregnant. CDC provides information through their National STD Hotline at (800) 227-8922 and their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the Sexual Health and Responsibility Program (SHARP) Home Page at http://www-nehc.med.navy.mil/hp/sharp.

This information was adapted by the Sexual Health and Responsibility Program (SHARP), Directorate of Health Promotion and Population Health, Navy Environmental Health Center in Norfolk, Virginia, from material developed by the Centers for Disease Control and Prevention, National Center for HIV, STD & TB Prevention, Division of STD Prevention